Ohio Sheriff Sales REALTOR BUYER REFERRAL REGISTRATION FORM Print this form and fax to 1.877.772.4217 or email to timlileauctioneer@gmail.com

Referring Licensee:	Co:	mpany:	
Address:			
Phone:			
Real Estate License Number			
As a licensed real estate Br	roker/Salesperson,	I wish to register th	ne following client:
Registrant Name:			
Address:			
	Email:		
For the upcoming online-or			
3260 Lakeside	e Dr., Millersport (V	Walnut TWP), Ohio	43046
I understand and acknowledge:			
As this is a foreclosure action with the Agency is NOT in effect. By proper Referral Fee equal 1% of my Registra close on the transaction.	erly registering your bidde	er for this auction, you are	e eligible to receive a Buyer
2) I must register my bidder with this f scheduled auction end time (no exce		eir registering online no less	s than 48 hours prior to the
3) No oral registrations will be accepted	d.		
THERE WILL BE NO E	EXCEPTIONS TO TH	IESE MINIMAL REQ	QUIREMENTS.
In addition to my signature below have read, understand and ackno	. 1		indicating that they
Referring Licensee Signature:		Dat	e
Registrant Signature:		Date	
Private Selling Officer Acknowled	lgment [Date •	SHERIFF